



The Commonwealth of Massachusetts
Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

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ELEVATOR PLACARD REMOVAL FORM

(for Non-Safety items only)

Location: _____

State I. D. Number: _____

Placard date: _____

Violations:

1. _____
2. _____
3. _____
4. _____
5. _____

I, _____ (_____), of _____
(print name) (elevator mechanic's license #) (elevator company)

hereby swear and affirm under the pains and penalties of perjury that the above violations have been corrected as per 524 CMR 8.01 and all necessary permits have been applied for and fees paid and that all of the above information is true and accurate to the best of my knowledge and belief.

Signature

Date

APPROVED ☐ DENIED ☐ (check one)

State Elevator Inspector /Supervisor

Date